

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) C
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ASSOCIATED CONSERVATIVE GROWTH LIFESTAGE FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASSOCIATED TRUST COMPANY, N.A.</u> <u>100 W. WISCONSIN AVENUE</u> <u>NEENAH, WI 54957-1007</u>	2b Employer Identification Number (EIN) <u>39-6771935</u> 2c Plan Sponsor's telephone number <u>920-727-3321</u> 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/04/2025</u>	<u>DIANA MODER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>ASSOCIATED CONSERVATIVE GROWTH LIFESTAGE FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED TRUST COMPANY, N.A.</u>	D Employer Identification Number (EIN) <u>39-6771935</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED EQUITY INCOME FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN <u>39-6476047-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4536413</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED CORE BOND FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN <u>90-0186734-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7365281</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ASSOCIATED SHORT TERM BOND FUND

b Name of sponsor of entity listed in (a): ASSOCIATED TRUST COMPANY, N.A.

c EIN-PN <u>39-6204063-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2939853</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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d Entity code

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d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ACP CREATIVIT, LLC 401(K) PLAN	
b	Name of plan sponsor ACP CREATIVIT LLC	c EIN-PN 36-3423921-001
a	Plan name ACTION FLOOR SYSTEMS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACTION FLOOR SYSTEMS LLC	c EIN-PN 39-1871957-001
a	Plan name AL BENZSCHAWEL PLUMBING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AL BENZSCHAWEL PLUMBING INC	c EIN-PN 39-1159925-003
a	Plan name AMERICAN CUSTOM METAL FABRICATING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN CUSTOM METAL FABRICATING INC	c EIN-PN 26-2582648-001
a	Plan name AMERICAN NATIONAL BANK - FOX CITIES 401(K) PLAN	
b	Name of plan sponsor AMERICAN NATIONAL BANK FOX CITIES	c EIN-PN 39-1739126-001
a	Plan name ARNTZEN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARNTZEN CORPORATION	c EIN-PN 36-2372648-002
a	Plan name ARNTZEN CORPORATION COLLECTIVELY BARGAINED 401(K) PLAN	
b	Name of plan sponsor ARNTZEN CORPORATION	c EIN-PN 36-2372648-001
a	Plan name ATLANTISVALLEY FOODS, LLC RETIREMENT PLAN	
b	Name of plan sponsor ATLANTISVALLEY FOODS LLC	c EIN-PN 46-0722464-001
a	Plan name BAB, INC. 401(K) PLAN	
b	Name of plan sponsor BAB INC	c EIN-PN 36-4389547-001
a	Plan name BAY AREA SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BAY AREA SERVICES INC	c EIN-PN 39-1469380-001
a	Plan name BAY FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor AWSGB CORPORATION	c EIN-PN 39-1568809-001
a	Plan name BAYCARE CLINIC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAYCARE CLINIC LLP	c EIN-PN 39-1943214-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BECHER-HOPPE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor BECHERHOPPE ASSOCIATES INC	c EIN-PN 39-0875123-001
a	Plan name BECKART ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BECKART ENVIRONMENTAL INC	c EIN-PN 39-1743883-001
a	Plan name BERGSTROM CORPORATION 401(K) PLAN	
b	Name of plan sponsor BERGSTROM CORPORATION INC	c EIN-PN 39-1202572-001
a	Plan name BERNERS-SCHOBER ASSOCIATES, INC. RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor BERNERS SCHOBER ASSOCIATES INC	c EIN-PN 39-1423429-001
a	Plan name BOEHM-MADISEN LUMBER COMPANY CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BOEHM-MADISEN LUMBER COMPANY	c EIN-PN 39-0173200-002
a	Plan name COIN LAUNDRY ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COIN LAUNDRY ASSOCIATION	c EIN-PN 36-2439458-001
a	Plan name COYLE CARPET ONE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COYLE CARPET ONE LLC	c EIN-PN 39-1978009-001
a	Plan name D&S MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor D&S MFG INC	c EIN-PN 39-1088864-005
a	Plan name DENTAL HEALTH PRODUCTS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor DENTAL HEALTH PRODUCTS INC	c EIN-PN 39-1685954-001
a	Plan name D-LUX SCREEN PRINTING, INC. 401(K) PLAN	
b	Name of plan sponsor DLUX SCREEN PRINTING INC	c EIN-PN 39-1164689-001
a	Plan name DON HIETPAS & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DON HIETPAS & SONS INC	c EIN-PN 39-1210982-001
a	Plan name EAGLE CREEK SOFTWARE SERVICES 401(K) PLAN	
b	Name of plan sponsor EAGLE CREEK SOFTWARE SERVICES INC	c EIN-PN 41-1940017-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name EAGLE MECHANICAL, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EAGLE MECHANICAL INC	c EIN-PN 39-1822163-001
a	Plan name ELIZABETH RESIDENCE & CO 401(K) PLAN	
b	Name of plan sponsor ELIZABETH RESIDENCE INC	c EIN-PN 39-2024850-001
a	Plan name ELKHART LAKE'S ROAD AMERICA, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELKHART LAKES ROAD AMERICA INC	c EIN-PN 39-0883364-001
a	Plan name FEECO INTERNATIONAL INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FEECO INTERNATIONAL INC	c EIN-PN 39-0887893-004
a	Plan name FILTRATION SERVICES RETIREMENT PLAN	
b	Name of plan sponsor FILTRATION SERVICES LLC	c EIN-PN 39-2028729-001
a	Plan name FLASH 4, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor FLASH 4 INC	c EIN-PN 39-1918587-001
a	Plan name FOLEY COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor FOLEY COMPANY LLC	c EIN-PN 81-4588445-001
a	Plan name FRANCIS MELVIN, INC. 401(K) PLAN	
b	Name of plan sponsor FRANCIS MELVIN INC	c EIN-PN 39-1081855-001
a	Plan name GOGEBIC COUNTY MENTAL HEALTH AUTHORITY MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-3021204-002
a	Plan name GOGEBIC COUNTY MENTAL HEALTH SERVICES DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-3021204-001
a	Plan name GRANNIS & HAUGE, P.A. LAW FIRM 401(K) PLAN	
b	Name of plan sponsor GRANNIS & HAUGE PA LAW FIRM	c EIN-PN 41-1227361-001
a	Plan name GREATER GREEN BAY CHAMBER OF COMMERCE, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GREATER GREEN BAY CHAMBER OF COMMERCE INC	c EIN-PN 39-0318170-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HAMANN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor HAMANN CONSTRUCTION COMPANY	c EIN-PN 39-0329330-002
a	Plan name HANAWAY ROSS LAW FIRM 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HANAWAY ROSS SC	c EIN-PN 39-1454602-001
a	Plan name HAPI HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAPI HOLDINGS INC	c EIN-PN 47-3279783-002
a	Plan name HELLENBRAND GLASS, LLC 401(K) PLAN	
b	Name of plan sponsor HELLENBRAND GLASS, LLC	c EIN-PN 39-1759474-001
a	Plan name HURCKMAN MECHANICAL INDUSTRIES, INC. OPEN SHOP EMPLOYEES' SALARY SAVINGS PLAN	
b	Name of plan sponsor HURCKMAN MECHANICAL INDUSTRIES INC	c EIN-PN 39-1092906-002
a	Plan name IMPERIAL INDUSTRIES/INDUSTRIAL TANK RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IMPERIAL INDUSTRIES INC	c EIN-PN 39-1369073-001
a	Plan name INDUSTRIAL PACKAGING CORPORATION 401(K) PLAN	
b	Name of plan sponsor INDUSTRIAL PACKAGING CORPORATION	c EIN-PN 39-1652142-001
a	Plan name INTEGRATED COMMUNITY SOLUTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTEGRATED COMMUNITY SOLUTIONS INC	c EIN-PN 23-7346463-004
a	Plan name INTERTAPE POLYMER CORP. MENASHA UNION 401(K) PLAN	
b	Name of plan sponsor INTERTAPE POLYMER CORP	c EIN-PN 57-1088158-005
a	Plan name J.K. HACKL TRANSPORTATION SERVICES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor J K HACKL TRANSPORTATION SERVICES INC	c EIN-PN 39-1691451-001
a	Plan name JAMESON REAL ESTATE BROKERAGE, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor JAMESON REAL ESTATE BROKERAGE LLC	c EIN-PN 84-4587294-001
a	Plan name JARP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor JARP INDUSTRIES INC	c EIN-PN 39-0833575-009

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KAHLENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAHLENBERG INDUSTRIES INC	c EIN-PN 39-0384290-001
a	Plan name	KAHLENBERG INDUSTRIES, INC. BARGAINING EMPLOYEES PLAN	
b	Name of plan sponsor	KAHLENBERG INDUSTRIES INC	c EIN-PN 39-0384290-003
a	Plan name	KLINNER KRAMER SHULL, LLP 401(K) PLAN	
b	Name of plan sponsor	KLINNER KRAMER SHULL LLP	c EIN-PN 39-1930368-001
a	Plan name	KMI CONSTRUCTION LLC NON-UNION 401(K) PLAN	
b	Name of plan sponsor	KMI CONSTRUCTION LLC	c EIN-PN 45-2201133-002
a	Plan name	KMI CONSTRUCTION LLC UNION 401(K) PLAN	
b	Name of plan sponsor	KMI CONSTRUCTION LLC	c EIN-PN 45-2201133-001
a	Plan name	KNAPP MFG., INC. 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	KNAPP MFG INC	c EIN-PN 39-0924236-002
a	Plan name	LAKELAND CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	LAKELAND CONSTRUCTION INC	c EIN-PN 39-1823786-001
a	Plan name	LAKESIDE ENGINEERS, LLC 401(K) PLAN	
b	Name of plan sponsor	LAKESIDE ENGINEERS LLC	c EIN-PN 27-1419393-001
a	Plan name	LEMKE INDUSTRIAL MACHINE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LEMKE INDUSTRIAL MACHINE LLC	c EIN-PN 45-5388649-001
a	Plan name	MARATHON MAIL SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARATHON MAIL SERVICE INC	c EIN-PN 39-1255196-001
a	Plan name	MARLING LUMBER COMPANY EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARLING LUMBER COMPANY INC	c EIN-PN 39-0452030-001
a	Plan name	MARLO, INCORPORATED OF RACINE, WISCONSIN 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MARLO INCORPORATED OF RACINE WISCONSIN	c EIN-PN 39-1193385-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MASA-USA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MASAUSA LLC	c EIN-PN 39-2012473-001
a	Plan name MASTER APPLIANCE CORPORATION 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor MASTER APPLIANCE CORPORATION	c EIN-PN 39-0957902-004
a	Plan name M-B COMPANIES, INC. DEFERRED SAVINGS PLAN - UNION	
b	Name of plan sponsor MB COMPANIES INC	c EIN-PN 39-1208304-005
a	Plan name M-B COMPANIES, INC. DEFERRED SAVINGS PLAN NON-UNION	
b	Name of plan sponsor MB COMPANIES INC	c EIN-PN 39-1208304-002
a	Plan name MCMILLAN-WARNER MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor MCMILLANWARNER MUTUAL INSURANCE COMPANY	c EIN-PN 39-0461800-002
a	Plan name MEGAL DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor MEGAL DEVELOPMENT CORPORATION	c EIN-PN 39-0942148-001
a	Plan name MERRILL DISTRIBUTING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MERRILL DISTRIBUTING INC	c EIN-PN 39-0466060-001
a	Plan name MERRILL STEEL 401(K) PLAN	
b	Name of plan sponsor MERRILL IRON & STEEL INC	c EIN-PN 39-0989700-002
a	Plan name MIDWEST CARRIERS 401(K) PLAN & TRUST	
b	Name of plan sponsor V&S MIDWEST CARRIERS CORP DBA MIDWEST CARRIERS	c EIN-PN 01-0552460-001
a	Plan name MIDWEST WELL SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MIDWEST WELL SERVICES INC	c EIN-PN 39-2005278-001
a	Plan name MIDWESTERN WHEELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWESTERN WHEELS INC	c EIN-PN 39-0944066-001
a	Plan name MIFAB INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MIFAB INC	c EIN-PN 98-0179518-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MILLER-BRADFORD & RISBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER-BRADFORD & RISBERG INC	c EIN-PN 39-1127878-002
a	Plan name MITTEN'S HOME APPLIANCES, INC. 401(K) PLAN	
b	Name of plan sponsor MITTENS HOME APPLIANCES INC	c EIN-PN 39-1045859-002
a	Plan name MULTI-CONVEYOR, LLC 401(K) PLAN	
b	Name of plan sponsor MULTI-CONVEYOR LLC	c EIN-PN 39-1809000-001
a	Plan name NEW NORTH, INC. 401(K) PLAN	
b	Name of plan sponsor NEW NORTH INC	c EIN-PN 26-0114487-001
a	Plan name NON TYPICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NON TYPICAL INC	c EIN-PN 39-1937577-001
a	Plan name NORTHERN VALLEY INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN VALLEY INDUSTRIES INC	c EIN-PN 39-1045865-001
a	Plan name NUESKE MEATS RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor NUESKE MEAT PRODUCTS INC	c EIN-PN 39-1173838-002
a	Plan name OMEGA ENTERPRISES, INC. AND SUBSIDIARIES 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor OMEGA ENTERPRISES INC AND SUBSIDIARIES	c EIN-PN 39-1285453-001
a	Plan name ONE LAW GROUP, S.C. 401(K) PLAN	
b	Name of plan sponsor ONE LAW GROUP SC	c EIN-PN 39-1741330-001
a	Plan name PALMEN MOTORS, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor PALMEN MOTORS INC	c EIN-PN 39-1156658-001
a	Plan name PARKER COATINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARKER COATINGS INC	c EIN-PN 39-0991244-001
a	Plan name PESHTIGO NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PESHTIGO NATIONAL BANK	c EIN-PN 39-0534160-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PORT CITY BAKERY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PORT CITY BAKERY INC	c EIN-PN 39-1648648-001
a	Plan name	POWER TEST, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	POWER TEST LLC	c EIN-PN 39-1562231-001
a	Plan name	REI RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	REI ENGINEERING INC	c EIN-PN 39-1369244-001
a	Plan name	ROCKFORD SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor	ROCKFORD ACQUISITION COMPANY, LLC	c EIN-PN 93-2046523-001
a	Plan name	ROOF SPEC, INC. RETIREMENT TRUST	
b	Name of plan sponsor	ROOF SPEC INC	c EIN-PN 41-1554322-001
a	Plan name	RUNKEL ABSTRACT & TITLE COMPANY SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	RUNKEL ABSTRACT & TITLE COMPANY	c EIN-PN 39-0582320-002
a	Plan name	SOUND DEVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SOUND DEVICES LLC	c EIN-PN 39-1936137-001
a	Plan name	ST. CROIX RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ST CROIX OF PARK FALLS LTD	c EIN-PN 39-1287923-001
a	Plan name	SUPERIOR GAS SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR GAS SERVICE INC	c EIN-PN 39-0910368-002
a	Plan name	SYNERGY ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SYNERGY ASSOCIATES LLC	c EIN-PN 41-1926526-001
a	Plan name	TABLE MATE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	TABLE MATE PRODUCTS INC	c EIN-PN 36-3035034-001
a	Plan name	THE ENERGY SHOP INC. 401(K) PLAN	
b	Name of plan sponsor	THE ENERGY SHOP INC	c EIN-PN 39-1745358-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE MAIL HAUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MAIL HAUS INC	c EIN-PN 39-1925573-001
a	Plan name THE SNELLING COMPANY 401(K) PLAN	
b	Name of plan sponsor THE SNELLING CO INC	c EIN-PN 41-0844864-001
a	Plan name TOLERANCE MASTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOLERANCE MASTERS INC	c EIN-PN 41-0836249-001
a	Plan name TRIANGLE MANUFACTURING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor TRIANGLE MANUFACTURING COMPANY	c EIN-PN 39-0664000-001
a	Plan name UNIVERSAL SPC, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GENERAL TECHNOLOGIES INC DBA UNIVERSAL SPC INC	c EIN-PN 36-3623123-001
a	Plan name VALLEY GRINDING & MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor VALLEY GRINDING & MANUFACTURING INC	c EIN-PN 39-1582518-001
a	Plan name W D FLOORING, LLC 401(K) PLAN	
b	Name of plan sponsor W D FLOORING LLC	c EIN-PN 39-1960145-001
a	Plan name WAGNER EXCAVATING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WAGNER EXCAVATING INC	c EIN-PN 39-1227210-001
a	Plan name WATDA RETIREMENT PLAN	
b	Name of plan sponsor WISCONSIN AUTOMOBILE AND TRUCK DEALERS ASSOCIATION INC	c EIN-PN 39-0711650-001
a	Plan name WATT PUBLISHING CO. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor WATT PUBLISHING CO	c EIN-PN 36-1641220-003
a	Plan name WAUSAU TILE RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor WAUSAU TILE INC	c EIN-PN 39-0957472-001
a	Plan name WDI LLC 401(K) PLAN	
b	Name of plan sponsor WDI LLC	c EIN-PN 20-4213074-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WILD IMPACT MARKETING 401(K) PLAN	
b	Name of plan sponsor	WILD IMPACT MARKETING	c EIN-PN 39-1689569-001
a	Plan name	WILLIAMSMCCARTHY LLP CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMSMCCARTHY LLP	c EIN-PN 20-5568874-002
a	Plan name	WILLIAMSMCCARTHY LLP PENSION PLAN	
b	Name of plan sponsor	WILLIAMSMCCARTHY LLP	c EIN-PN 20-5568874-006
a	Plan name	WISCONSIN ASSOCIATION OF HEALTH PLANS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WISCONSIN ASSOCIATION OF HEALTH PLANS INC	c EIN-PN 39-1499957-001
a	Plan name	WISCONSIN KNIFE WORKS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WISCONSIN KNIFE WORKS INC	c EIN-PN 41-1781887-001
a	Plan name	WOMEN'S CARE OF WISCONSIN, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOMENS CARE OF WISCONSIN SC	c EIN-PN 39-1994216-001
a	Plan name	WORLDWIDE PACKAGING USA, LLC AND GARMISCH INN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WORLDWIDE PACKAGING USA LLC	c EIN-PN 76-0784512-002
a	Plan name	ZIMMERMANN PRINTING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ZIMMERMANN PRINTING CO INC	c EIN-PN 39-0728490-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan ASSOCIATED CONSERVATIVE GROWTH LIFESTAGE FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED TRUST COMPANY, N.A.	D Employer Identification Number (EIN) 39-6771935

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	52590 727370
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2993299 3040322
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	13822048 14841548
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45375081 52915369
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	62243018	71524609
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	14277	45032
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	14277	45032
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	62228741	71479577

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	131633	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131633
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	588367	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		588367
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2039127
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13320646
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16079773

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	5234	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5234
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5234

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16074539
l Transfers of assets:			
(1) To this plan	2l(1)		9190596
(2) From this plan	2l(2)		16014299

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.